

CENTER FOR HEALTH INFORMATION AND ANALYSIS (CHIA)

**CHIA Submissions Technical Instruction and User Guide  
for the  
Realty Company Cost Report  
(REA-CR)**

02/2026

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## Introduction

The Center for Health Information and Analysis (CHIA), in accordance with its statutory authority under M.G.L. c. 12C, collects cost reports in furtherance of its mission to monitor the health care system in Massachusetts and to provide reliable information and meaningful analysis for those seeking to improve health care quality, affordability, access and outcomes. The data CHIA collects through the Realty Company Cost Report (REA-CR) is used, among other things, to support the rate-setting obligations of the Executive Office of Health and Human Services (EOHHS), which uses the data to establish rates for nursing facility and residential care facility providers, and to complete additional analyses to inform policymaking and to support transparency initiatives. Once filed with CHIA, these reports become public documents and will be provided upon request to any interested party.

It is essential that these reports are prepared by persons who are familiar with the regulation 101 CMR 206.00 Standard Payments to Nursing Facilities and/or 101 CMR 204.00 Rates of Payment to Resident Care Facilities. Copies of these regulations may be obtained on the EOHHS website at <https://www.mass.gov/regulations/101-CMR-20600-standard-payments-to-nursing-facilities>.

The CHIA REA-CR is an electronic filing located at <https://chiasubmissions.chia.state.ma.us>.

For assistance in completing these forms, contact the CHIA Help Desk at [Costreports.LTCF@chiamass.gov](mailto:Costreports.LTCF@chiamass.gov).

## IMPORTANT: Please Clear your Cache!

In order for the system to function properly, users should clear their web browser cache.

**If you do not clear your cache it may cause your browser to display older versions of SNF/MGT/REA Cost Report and generate error messages.**

Instructions on how to clear your cache can be found here: <https://www.mass.gov/guides/clear-your-browser-cache>

## Changes To The Cost Report And Filing Tips For CY2025

In an effort to improve cost report accuracy and promote a more efficient user experience, below are some changes and cost report filing tips for users when filing the REA Cost Report:

- Uploads: The Ownership and Facility Information upload file in Schedule 7 has been updated to report more detailed information on direct and indirect ownership, as well as facility information. Please see the Schedule 7 instructions later on in this document for more details on what type of information to report.
- Based on updates to the regulation 957 CMR 7.00 that went into effect on February 27, 2026, if a Realty Company obtains independent Audited Financial Statements, a complete copy of its Audited Financial Statements must be filed. If a Realty Company does not obtain Audited

Financial Statements, a complete copy of the Realty Company's unaudited Financial Statements must be filed. Financial statements must be sent to [data@chiamass.gov](mailto:data@chiamass.gov).

- As a reminder, in order to “lock for review” on the Submission and Attestation schedules, users must “save and validate” each schedule sequentially starting with Schedule 1 of each cost report.
- Based on updates to the regulation 101 CMR 206.00 that went into effect in October 2022, expenses paid for using funds from any low interest or forgivable loan administered by EOHHS must be reported as non-allowable costs. These expenses should be self-disallowed.

## Filing Requirements

### Who Must File?

In accordance with Sections 204.07(b) and 206.08(b) of Title 101 of the Code of Massachusetts Regulations (CMR), each nursing and residential care facility must file or cause to be filed a REA-CR if it does not own its real property and pays rent to either an affiliated or non-affiliated realty trust or other business entity.

### When to File

The REA-CR is a calendar year cost report. Providers will receive an E-blast notification of the cost report deployment, which will include filing deadlines for the realty company cost report. Additionally, filing deadlines will be posted on CHIA's webpage located at [Information for Data Submitters: Nursing Facility Cost Reports](#).

Providers who fail to submit timely reports and required data may be subject to penalties in accordance with 957 CMR 7.06. Additionally, in accordance with 101 CMR 206.08(7), EOHHS may reduce the provider's rates for current services by 5% on the day following the date the submission is due and 5% for each month of noncompliance thereafter.

### How to File

The REA-CR is an electronic filing using the CHIA Submissions website. The website can be found at: <https://chiasubmissions.chia.state.ma.us/>.

Please note that the CHIA Submissions web application works best in Google Chrome.

## General Information

For assistance in completing your submission, contact the CHIA Long-term Care Facility Help Desk at [Costreports.LTCF@chiamass.gov](mailto:Costreports.LTCF@chiamass.gov).

The REA-CR must be completed on the **accrual basis**. **It is essential that each report reflect the entire financial statement of the realty company. (Partial reporting is not acceptable.)** There is a minor

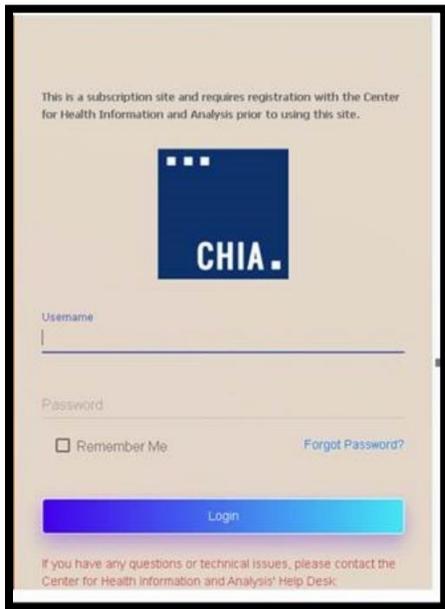
exception to this requirement. Certain timing differences between the books of the provider and the claim for reimbursement requirements may occur which could result in modest variances between the report and the provider's books. Schedule 5 of the REA-CR, Reconciliation of Income per Report with Income per Books should identify the variances.

In addition to being a complete financial statement, these forms are used as a basis for establishing rates of payment.

## General User Instructions

### Logging In and Getting Started

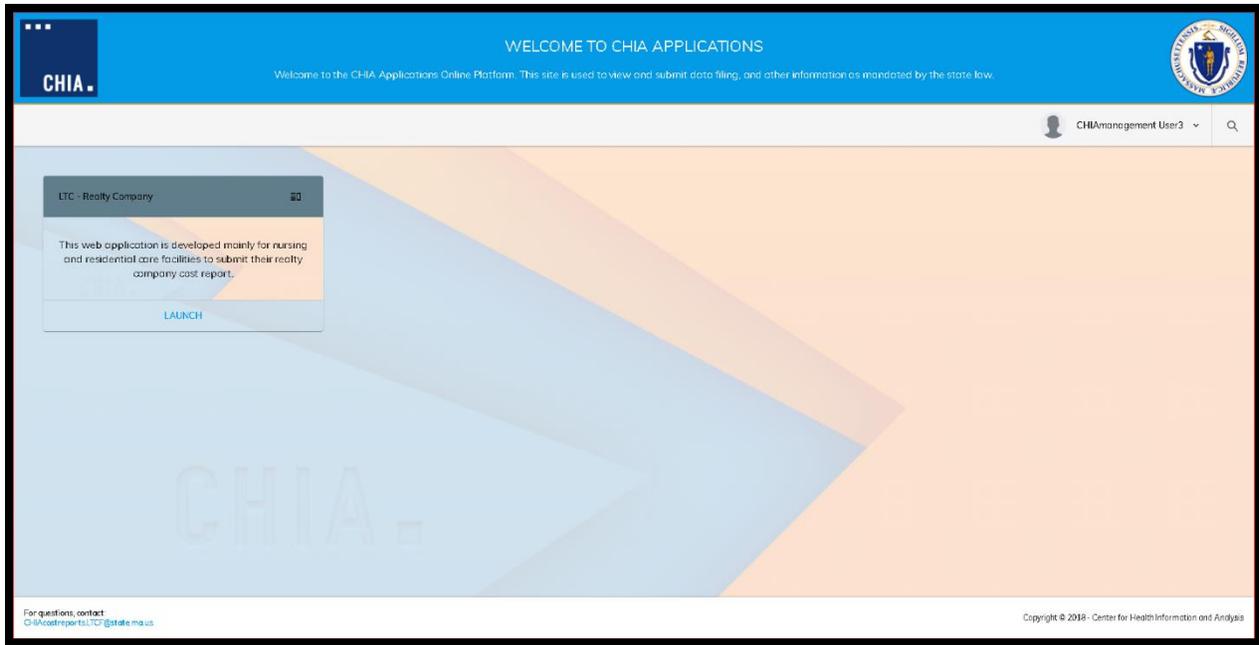
Users will log-in to CHIA Submissions at <https://chiasubmissions.chia.state.ma.us> using their unique Username and Password, as follows:



The screenshot shows a login page for CHIA Submissions. At the top, it states: "This is a subscription site and requires registration with the Center for Health Information and Analysis prior to using this site." Below this is the CHIA logo, which consists of a blue square with three white dots above the text "CHIA." in white. Underneath the logo are two input fields: "Username" and "Password". Below the "Password" field is a checkbox labeled "Remember Me" and a link labeled "Forgot Password?". A blue "Login" button is positioned below these fields. At the bottom of the page, there is a small note: "If you have any questions or technical issues, please contact the Center for Health Information and Analysis' Help Desk."

Next users will select the "Launch" button under the LTC Realty Company application module. Users may have access to more than one application, such as the SNF-CR or MGT-CR.

You may see two separate tiles for the REA-CR. The one marked (2019-2023) is only for those historical years. Please launch the report from the other tile in order to report 2025 data.



This will bring the user to the home screen of the REA-CR.

## Home Screen

Your home screen is customized for your user privileges and will be like the picture below.



The far-left side of the screen lists all facilities that are registered to your username.

Clicking on a facility name will activate that account and display the information entered in Schedule 1 for the Reporting Year selected.

By clicking on the facility name in the organization list, the system will highlight that facility and activate the cost report schedules for the reporting year selected.

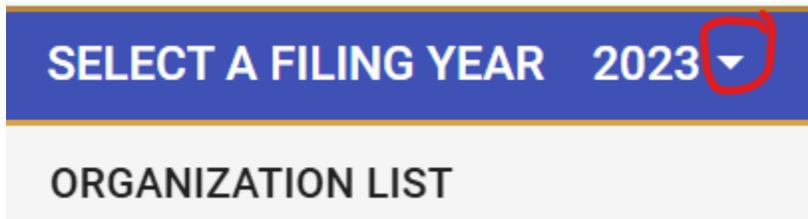
Users with access privileges to only one nursing facility's realty company cost report will not have an organization list in their view.

By clicking on the ellipses, you can collapse the Organization List.



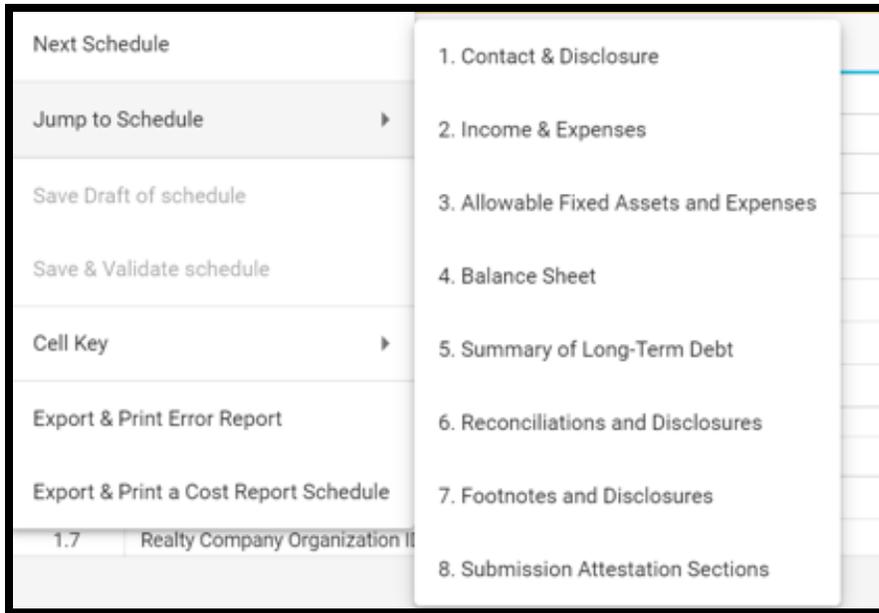
### Cost Report Year Selection

A user may change the reporting year by using the dropdown menu at the top of the screen labeled "Select a Filing Year."



### Navigating in the REA-CR

To move between schedules in the report, users can use the Schedule number listing to the right, select the "Jump To" menu option in the top left, or use the "Next Schedule" button in the top right.



## Saving Your Work

CHIA suggests that you save your reported data at frequent intervals as you move through each schedule of the cost report. To save your work, you can select the “Save as Draft” button which is located at the top right-hand corner of each schedule.



A screen will appear to “Cancel” or “Continue”. Select “Continue” to save. A screen confirming that the information is saved will appear. Select “Continue” again to return to the report.

## Entering Data

Many of the data fields in the cost report have been formatted to accept data as text, whole dollars, and percentages. Some of the data fields will allow users to enter decimals and those fields are specifically indicated in the application.

When entering negative figures, users need to enter a negative sign (“-”) *AFTER* the figure as follows:  
123,456-

## Understanding Cell Colors

Each cell in the electronic cost report has been color shaded. The Cell Color Legend, illustrated below, provides an explanation of each color for how the cost report can be completed. Users are only able to enter information in the cells colored light blue or dark green. Cells with any other color will be either prepopulated from CHIA’s own system or from other cells in the cost report.

Cell Key	
Blue	Input by Data Submitter
Light Green	From CHIA Contact Management System
Dark Green	From CHIA Contact Management System or Submitter Input
Orange	Computation
Yellow	Derived from another Tab
Grey	Not Applicable
Dotted Blue	From Cell on this Tab
Red	Non-Allowable Expense
Red Border Blue	Must be less than or equal to zero

**Note:** Cells with red borders will automatically be shown as negative numbers.

## Hover Messaging

Throughout the cost report, you will encounter hover messages when your mouse “hovers” over cells. These hover messages are designed to help in the following ways:

- Assist in providing information on the cell usage, i.e., percentage, number of decimal places permitted in a certain cell, etc.
- Assist with the location the cell where data comes from. This is for cells colored yellow and dotted blue.
- Assist with what information should be reported in the cell.

An example of a hover message is illustrated in the picture below. This hover message explains that the data for line 4.3 “Other Deferred Charges and Other Non-Current Assets” is derived from a dynamic table, in this case, Table 5.

CHIA . REALTH COMPANY COST REPORT (REA - CR)

SELECT A FILING YEAR 2024 SAVE AS DRAFT SAVE AND VALIDATE NEXT SCHEDULE

BRAINTREE MANOR HEALTHCARE SCHEDULE 4: BALANCE SHEET

Table 4				Detail of Other Non-Current Assets, Account 1985.0		
Line #	Account	Description	Account Balance	Table 5	1	2
Line #	Account	Description	Account Balance	Line #	Description	Account Balance
4.1	1975.3	Long Term Investments		5.1		
4.2	1975.4	Non-Current Assets Whose Use is Limited		Add line	Click on the plus sign to add an additional line	
4.3	1985.0	Other Deferred Charges and Other Non-Current Assets	0	500	<b>SUBTOTAL: OTHER NON-CURRENT ASSETS</b>	0
4.4	1979.0	Construction in Progress				
4.5	1975.1	Mortgage Acquisition Cost				
4.6	1975.2	Accumulated Amortization of Mortgage Acquisition Cost				
4.100	1975.0	<b>Subtotal: Unamortized Mortgage Acquisition Cost</b>	0			
400	1985.0	<b>TOTAL DEFERRED CHARGES AND OTHER NON-CURRENT</b>	0			

### Dynamic Tables

This cost report uses dynamic tables that can be expanded to allow for flexible entry of additional detailed cost information. These tables will appear to the right of the main schedule tables and require users to enter information in these tables that will be automatically carried over to the main tables. Users can select the button to add a line or hover over any added line number and click the red to remove that line. An example of a dynamic table is illustrated below:

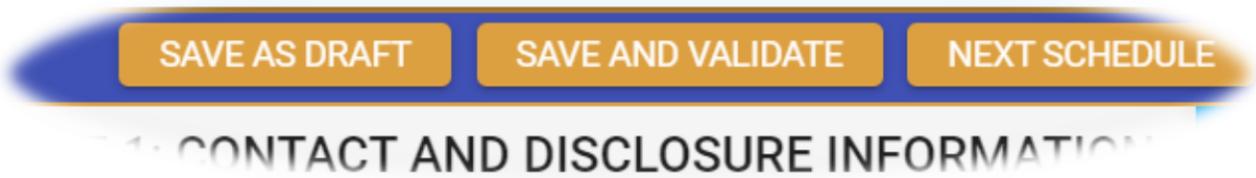
**SCHEDULE 2: INCOME AND EXPENSES**

Detail of Other Fixed Expenses, Account 9547.0		
Table 3	1	2
Line #	Description	Reported
3.1		
Add line	Click on the plus sign to add an additional line	
300	<b>SUBTOTAL: OTHER FIXED EXPENSES</b>	0
Detail of Other Operating Expenses, Account 9502.5		
Table 4	1	2
Line #	Description	Reported
4.1		
...	Click on the plus sign to add an	

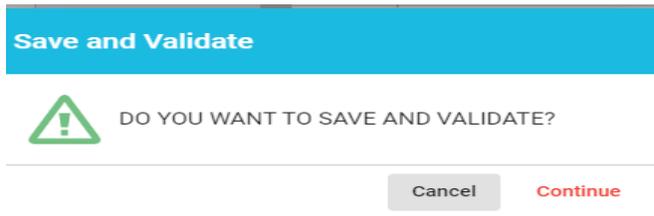
## Data Validations

The REA-CR includes several edits or checks within each schedule which need to be managed through the validation process described below. Preparers and submitters will not be able to lock the REA-CR for review or submit the cost report unless all schedules have been validated and the errors fixed.

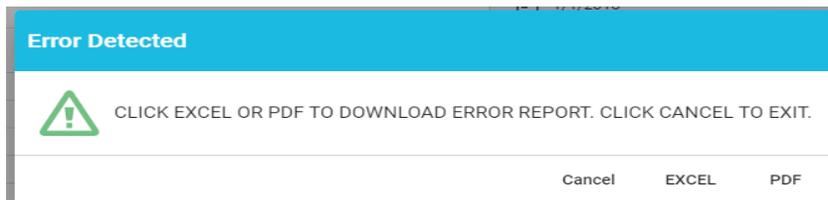
To ease this process, CHIA has created a validation report listing all validation errors. To access the validation report, you will select the “Save and Validate” Button on the top right corner of each schedule.



When this button is selected, users will encounter the following:

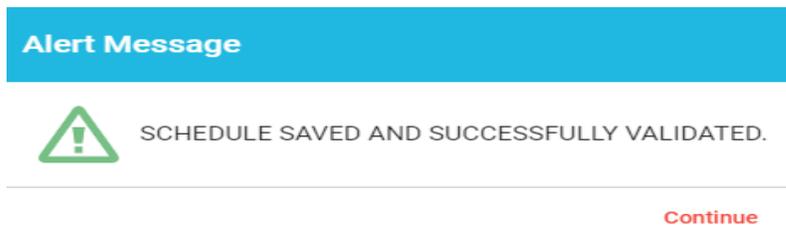


Users will select “Continue”. Once this is done, there will be two results. If there are validation errors, users will need to select the method they would like to view the validation report, as shown below:



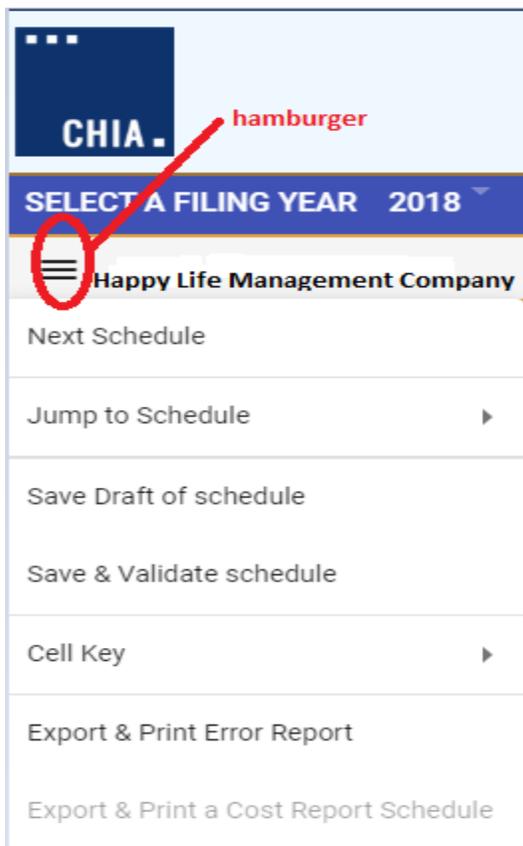
The validation report will provide users with the schedule number and line number of the error along with a description of what the problem is.

- If there are no validation errors, users will be notified that their schedule saved successfully and can continue completing the cost report.



Additionally, users can launch the validation reports two additional ways.

First, users can click on the hamburger menu button to pull down the menu options on the top left corner as follows:



Then users will select the “Save & Validate schedule” option. This option validates only the current schedule in your view.

Finally, users can launch the “Export & Print Error Report” from the hamburger icon. Users should check each box for each Schedule an error report is desired. Please only use this option if you have already saved and validated the current schedule.

### Export & Print Error Report

- Select/Deselect All Schedules
  - Contact & Disclosure
  - Income & Expenses
  - Allowable Fixed Assets and Expenses
  - Balance Sheet
- Summary of Long-Term Debt
- Reconciliations and Disclosures
- Footnotes and Disclosures
- Submission Attestation Sections

[EXCEL](#)   [PDF](#)   [CLOSE](#)

## Submitting Your Cost Report

All validation errors must be resolved before users can attest and submit their cost reports. CHIA recommends that realty companies use the following process to successfully complete and submit the REA-CR.



As illustrated above, users with preparer privileges prepare the cost report and, once complete, lock the report for final review. Only users with owner, partner, or officer privileges can certify and submit the cost report, which is managed on Schedule 8 of the report. NOTE: Users who have data access only privileges cannot access Schedule 8.

### Preparers:

- Checking Line 1.13 certifies the report. Owners, who are also preparers, have this privilege too.
- Select “Lock for Owner Review”

Lock for Owner Review

### Owner/Partner/Officer:

- Owners/partners/officers cannot submit until the preparer has locked for owner review.
- Checking Line 2.1 certifies the report.
- Click the “Submit” button

## Detailed Instructions by Schedule

### Schedule 1: Contact and Disclosure Information

Please contact CHIA at [Costreports.LTCF@chiamass.gov](mailto:Costreports.LTCF@chiamass.gov) if any of the prepopulated cells are incorrect.

#### Schedule 1 - Table 1: Organization Information

Line #	Line Description	Usage	Instructions
1.1	Facility VPN	Text	This cell pre-populates from CHIA’s internal systems.

Line #	Line Description	Usage	Instructions
1.2	Facility MMIS Provider ID	Text	This cell pre-populates from CHIA's internal systems.
1.3	Balance Sheet Date	MM-DD-YYYY	Enter the date of the Realty Company balance sheet. Defaults to last date of filing year (ex: For Filing Year 2024, this would be 12/31/2024).
1.4	Reporting Period: From	MM-DD-YYYY	Enter the date of the Realty Company balance sheet. Defaults to last date of filing year (ex: For Filing Year 2024, this would be 12/31/2024).
1.5	Reporting Period: To	MM-DD-YYYY	Enter the date of the Realty Company balance sheet. Defaults to last date of filing year (ex: For Filing Year 2019, this would be 12/31/2019)
1.6	Name of Realty Company	Text	This cell pre-populates from CHIA's internal systems.
1.7	Realty Company Organization ID	Text	This cell pre-populates from CHIA's internal systems.
1.8	Street Address	Text	This cell pre-populates from CHIA's internal systems.
1.9	City	Text	This cell pre-populates from CHIA's internal systems.
1.10	State	Text	This cell pre-populates from CHIA's internal systems.
1.11	Zip Code	ZIP + 4	This cell pre-populates from CHIA's internal systems.
1.12	Phone Number	(XXX) XXX-XXXX	This cell pre-populates from CHIA's internal systems.
1.13	Fax	(XXX) XXX-XXXX	This cell pre-populates from CHIA's internal systems.
1.14	Legal Status	XX,XXX	This cell pre-populates from CHIA's internal systems.
1.15	Is this information correct?	Drop down menu	Select from dropdown list: Yes/No. "Yes" must be selected for the report to be submitted. If the information in this table is incorrect, contact CHIA at <a href="mailto:Costreports.LTCF@chiamass.gov">Costreports.LTCF@chiamass.gov</a> .
1.16	Has the realty company changed ownership during the year?	Text	Select from dropdown list: Yes/No.
1.17	If yes, please enter the transaction date.	MM-DD-YYYY	Enter date of realty company ownership change.

Schedule 1, Table 1, Line 1.14 Legal Status, will automatically be prepopulated. The Legal Status code references are shown in the following table:

Legal Code	Description	Profit / Non-Profit
1	MA Corp (Chapter 156B)	Profit
2	MA Corp (Chapter 156B with 501c(3) exemption)	Non-Profit
3	MA Non-Profit Corp (Chapter 180)	Non-Profit
4	Partnership/LLP	Profit
5	Sole Proprietorship	Profit
6	Governmental Entity	Non-Profit
7	Other For-Profit	Profit
8	Other Non-Profit	Non-Profit
9	Non-MA Corporation	Profit
10	Limited Liability Corporation/LLC	Profit

**Schedule 1 - Table 2: [Contact Information](#)**

Line #	Line Description	Usage	Instructions
2.1	Contact person for this report	Text	Use login users' information to fill fields below
2.2	Name	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
2.3	Firm (if not Realty Company)	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
2.4	Title	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
2.5	Street Address	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
2.6	City	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
2.7	State	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
2.8	Zip Code	ZIP + 4	This cell is pre-populated from CHIA Systems or allows for user entry.
2.9	Phone Number	(XXX) XXX-XXXX	This cell is pre-populated from CHIA Systems or allows for user entry.
2.10	Fax	(XXX) XXX-XXXX	This cell is pre-populated from CHIA Systems or allows for user entry.
2.11	Email Address	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
2.12	Is this information correct?	Text	Select from dropdown list: Yes/No.

### Schedule 1 - Table 3: [Preparer Information](#)

- This section indicates whether a “Preparer” will be used to assist in completing the cost report. A preparer may be an accounting firm, or another authorized user, who is not the owner, and may formally attest to the information provided herein.
- The information provided in this section determines Schedule 8: Submission and Attestation.
- If there is not a Preparer, and the Owner is completing this cost report alone as the sole attesting individual, the box in Line 3.1 must be checked.

Line #	Line Description	Usage	Instructions
3.1	I am the sole individual completing this cost report as an Owner, Partner, or Officer, and do not have a Preparer formally attesting to this information.	Checkbox	Check this box if you are the sole individual completing this cost report (without a Preparer).
3.2	Preparer	Text	Use login users' information to fill fields below.
3.3	Firm Name / Realty Company	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
3.4	Preparer's Last Name	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
3.5	Preparer's First Name	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
3.6	Preparer's Middle Name	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
3.7	Title	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
3.8	Street Address	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
3.9	City	Text	This cell is pre-populated from CHIA Systems or allows for user entry.

<b>3.10</b>	State	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
<b>3.11</b>	Zip Code	ZIP + 4	This cell is pre-populated from CHIA Systems or allows for user entry.
<b>3.12</b>	Phone Number	(XXX) XXX- XXXX	This cell is pre-populated from CHIA Systems or allows for user entry.
<b>3.13</b>	Fax	(XXX) XXX- XXXX	This cell is pre-populated from CHIA Systems or allows for user entry.
<b>3.14</b>	Email Address	Text	This cell is pre-populated from CHIA Systems or allows for user entry.
<b>3.15</b>	Is this information correct?	Text	Select from dropdown list: Yes/No.
<b>3.16</b>	Type of Accounting Service Performed	Text	Select from dropdown list: Audit, Compilation, Review, Other (Explain in Footnotes if Other selected.)

## Schedule 2: Income and Expenses

### Schedule 2 - Table 1: Income

Line #	Line Description	Usage	Instructions
1.1	Rental Income from: Nursing Facilities	(XX,XXX) OR XX,XXX	Report income earned from renting the building and/or equipment to a nursing facility.
1.2	Rental Income from: Residential Care Facilities	(XX,XXX) OR XX,XXX	Report income earned from renting the building and/or equipment to a residential care facility.
1.3	Rental Income from: Other Rental	(XX,XXX) OR XX,XXX	Report rental income earned from any person or entity, except for a nursing or residential care facility.
1.4	Other Income	(XX,XXX) OR XX,XXX	Report other income.
1.5	Recoverable Fixed Income	(XX,XXX) OR XX,XXX	Report any fixed cost recoverable income.
100	Total Income	(XX,XXX) OR XX,XXX	No Entry; Calculated Total

### Schedule 2 - Table 2: Expenses

- Table 2 has three (3) columns.
- In Column 1, enter the depreciation %, unless it is prepopulated.
- In Column 2, enter the Reported Expenses. These are your gross expenses.
- In Column 3, enter the amount of the reported expense related to non-nursing or non-residential care facility operations or other non-allowable amount as Non-Allowable Expenses, and enter any applicable Add-Backs.
- Column 4 is a computation of Column 2 less Column 3.
- Other Fixed Expenses, Other Operating Expenses, and Utilities & Plant Operations Expenses require user to enter the description and amounts in separate dynamic tables.

Line #	Line Description	Usage	Instructions
2.1	Depreciation: Building	XXX.XX%	Report building depreciation expense. Disallow any amounts that cannot be claimed.
2.2	Depreciation: Improvements	XXX.XX%	Report depreciation expense on improvements. Disallow any amounts that cannot be claimed.
2.3	Depreciation: Equipment	XXX.XX%	Report depreciation expense on equipment. Disallow any amounts that cannot be claimed.
2.4	Depreciation: Software/Limited Life Assets	XXX.XX%	Report depreciation expense on software and limited life assets. Disallow any amounts that cannot be claimed.
2.5	Long Term Interest: Nursing Facilities	(XX,XXX) OR XX,XXX	Report long-term interest expense supporting nursing facility fixed assets. Disallow any amounts that cannot be claimed. You cannot claim interest expense on related party loans or working capital loans. Additionally, long-term interest can only be claimed to the extent that it supports the cost or purchase of the underlying fixed assets. Interest on long-term debt that was not used to finance or purchase the fixed assets of the facility cannot be claimed. You must make an adjustment in column 2 to disallow the interest.
2.6	Long Term Interest: Residential Care Facilities	(XX,XXX) OR XX,XXX	Report long-term interest expense supporting residential care facility fixed assets. Disallow any amounts that cannot be claimed. You cannot claim interest expense on related party loans or working capital loans. You cannot claim interest expense on related party loans or working capital loans.

Line #	Line Description	Usage	Instructions
			Additionally, long-term interest can only be claimed to the extent that it supports the cost or purchase of the underlying fixed assets. Interest on long-term debt that was not used to finance or purchase the fixed assets of the facility cannot be claimed. You must make an adjustment in column 2 to disallow the interest.
2.7	Real Estate Taxes	(XX,XXX) OR XX,XXX	Report real estate taxes related to nursing and residential care facility land and building. Disallow any amounts that cannot be claimed.
2.8	Personal Property Taxes	(XX,XXX) OR XX,XXX	Report personal property taxes related to nursing and residential care facility operations. Disallow any amounts that cannot be claimed
2.9	MA Corp. Excise Tax Non-Income Portion	(XX,XXX) OR XX,XXX	Report the non-income portion of MA corporate excise taxes related to nursing and residential care facility operations. Disallow any amounts that cannot be claimed.
2.10	Insurance: Building, Building Improvements, Equipment	(XX,XXX) OR XX,XXX	Report building and equipment insurance expenses related to nursing and residential care facility operations. Disallow any amounts that cannot be claimed.
2.11	Other Fixed Expenses	(XX,XXX) OR XX,XXX	Report any other fixed asset expenses related to nursing and residential care facility operations. Disallow any amounts that cannot be claimed.
2.12	Other Operating Expenses	(XX,XXX) OR XX,XXX	Using the dynamic table 4, report details of other operating expense related to nursing and residential care facility operations using the dynamic table 4. Disallow any amounts that cannot be claimed.
2.13	Utilities & Plant Operations Expenses	(XX,XXX) OR XX,XXX	Using the dynamic table 5, report details of utilities and plant operating expenses related to nursing and residential care facilities using the dynamic table 4. Disallow any amounts that cannot be claimed.
2.14	Interest on Working Capital	(XX,XXX) OR XX,XXX	Report interested on working capital related to nursing and residential care facilities. Disallow any amounts that cannot be claimed. Interest on non-related party loans that support the underlying fixed assets is limited to 3% over the federal hospital insurance trust (FHIT) fund rate. In 3 <sup>rd</sup> quarter 2021, that rate was 1.50%. Any interest expense over 4.50% is not an allowable expense and must be reported as a disallowed expense in the Income Statement.
2.15	Interest on Late Payments, Penalties	(XX,XXX) OR XX,XXX	Report interested on late payments and penalties related to nursing and residential care facilities. Disallow any amounts that cannot be claimed.
2.16	Recoverable Fixed Income	(XX,XXX) OR XX,XXX	Report recoverable fixed asset income related to nursing and residential care facilities. Disallow any amounts that cannot be claimed.
200	Total Reported REA-CR Expenses	(XX,XXX) OR XX,XXX	No Entry; Calculated Total

## Schedule 3: Allowable Fixed Assets and Expenses

### Schedule 3 - Table 1: Allowable Fixed Assets and Expenses

- Beginning October 1, 2021, the 101 CMR 206.00 regulations were revised to allow for recognition of allowable fixed assets at their historical fixed costs versus the prior method. You are to report claimed fixed assets using a historical cost method of accounting in accordance with generally accepted accounting principles (GAAP) to ensure proper determination of your capital reimbursement. For further information, consult the 101 CMR 206.00 regulations and the SNF-CR Technical Instructions and User Guide. The SNF-CR Technical Instructions and User Guide includes multiple examples and scenarios to help with proper reporting of allowable fixed assets. It is essential that you report allowable fixed assets as their historical cost so that you can report the proper depreciation expense allowable for the period.
- Table 1 has four (4) columns.
  - In Column 1, enter the Allowable Assets (Basis), Beginning of Year.

- In Column 2, enter the Asset Additions for the cost report year.
- In Column 3, enter the Asset Deletions for the cost report year. *NOTE: Values in this column will be populated as negatives.*
- Column 4, Allowable Assets (Basis), End of Year is a computation, summing Column 1 and Column 2, subtracting Column 3.

Line #	Line Description	Usage	Instructions
1.1	Land	(XX,XXX) OR XX, XXX	Enter the claimed beginning balance in column 1, any claimed additions and deletions in columns 2 and 3 for land being claimed for long-term care facility operations.
1.2	Building	(XX,XXX) OR XX, XXX	Enter the claimed beginning balance in column 1, any claimed additions and deletions in columns 2 and 3 for building being claimed for long-term care facility operations.
1.3	Improvements	(XX,XXX) OR XX, XXX	Enter the claimed beginning balance in column 1, any claimed additions and deletions in columns 2 and 3 for improvements being claimed for long-term care facility operations.
1.4	Equipment	(XX,XXX) OR XX, XXX	Enter the claimed beginning balance in column 1, any claimed additions and deletions in columns 2 and 3 for equipment being claimed for long-term care facility operations.
1.5	Software/Limited Life Assets	(XX,XXX) OR XX, XXX	Enter the claimed beginning balance in column 1, any claimed additions and deletions in columns 2 and 3 for software and limited life assets being claimed for long-term care facility operations.

## Schedule 4: Balance Sheet

### Schedule 4 - Table 1: Current Assets

Line #	Line Description	Usage	Instructions
1.1	Cash and Equivalents	(XX,XXX) OR XX, XXX	Report cash and cash equivalent balances as of the end of the cost report year.
1.2	Short-term Investments	(XX,XXX) OR XX, XXX	Report balances of investments that are short-term (e.g., can easily be converted to cash in the next 3 to 12 months).
1.3	Current Portion Assets Whose Use is Limited	(XX,XXX) OR XX, XXX	Report the balances of the current portion of assets whose use is limited.
1.4	Other Cash and Equivalents	(XX,XXX) OR XX, XXX	Report the balances of other case assets not included in any of the other cash and cash equivalent balances.
1.100	Subtotal: Cash and Equivalents	(XX,XXX) OR XX, XXX	No Entry; Calculation Total
1.5	Accounts Receivable	(XX,XXX) OR XX, XXX	Report the balances of any accounts receivable at the end of the year.
1.6	Rent Receivable	(XX,XXX) OR XX, XXX	Report the balances of any rent receivable at the end of the year.
1.7	Reserve for Bad Debt	(XX,XXX)	This line allows for a negative entry for any reserves for bad debts on any receivables.
1.200	Subtotal: Accounts Receivable	(XX,XXX) OR XX, XXX	No Entry; Calculation Total
1.8	Officers/Owners	(XX,XXX) OR XX, XXX	Report the balances of any short-term receivables due from owners or officers at the end of the year.
1.9	Affiliates/Related Parties	(XX,XXX) OR XX, XXX	Report the balances of any short-term receivables due from affiliates and related parties at the end of the year.
1.10	Other	(XX,XXX) OR XX, XXX	Report the balances of any short-term receivables at the end of the year.
1.300	Subtotal: Loans Receivable	(XX,XXX) OR XX, XXX	No Entry; Calculation Total
1.11	Prepaid Interest	(XX,XXX) OR XX, XXX	Report any interest paid in advance.

Line #	Line Description	Usage	Instructions
1.12	Prepaid Insurance	(XX,XXX) OR XX, XXX	Report any insurance paid in advance.
1.13	Other Prepaid Expenses	(XX,XXX) OR XX, XXX	This account should be used to record expenditures for future benefits. An example would be prepaid rent. This account should <u>not</u> be used to capitalize improvements or maintenance expenses which, in the provider's opinion, may benefit future periods. Improvements or maintenance costs that will benefit future periods should be capitalized into the appropriate Improvement Fixed Asset Account and depreciated over the aggregate useful lives established by the Center's regulations. Similarly, this account should not be used to record and subsequently claim pre-opening costs which are not reimbursable or training costs which, while reimbursable, are to be expensed in the period in which they are incurred.
1.400	Subtotal: Prepaid Expenses and Other Current Assets	(XX,XXX) OR XX, XXX	No Entry; Calculation Total
1.14	Other Current Assets	(XX,XXX) OR XX, XXX	Report details of all current assets using the dynamic table 2: Detail of Other Current Assets. You must report detail descriptions.
100	TOTAL CURRENT ASSETS	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

#### Schedule 4 - Table 3: Non-Current (Fixed) Assets

Line #	Line Description	Usage	Instructions
3.1	Land – Cost	(XX,XXX) OR XX, XXX	Report your financial statement cost of land.
3.2	Building – Cost	(XX,XXX) OR XX, XXX	Report your financial statement cost for building assets.
3.3	Building – Accumulated Depreciation	(XX,XXX)	Report financial statement accumulated depreciation expense for building as of the end of the year.
3.100	Building – Book Value	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
3.4	Building Improvements – Cost	(XX,XXX) OR XX, XXX	Report your financial statement cost for building improvement assets.
3.5	Building Improvements – Accumulated Depreciation	(XX,XXX)	Report financial statement accumulated depreciation expense for building improvements as of the end of the year.
3.200	Building Improvements – Book Value	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
3.6	Other Improvements – Cost	(XX,XXX) OR XX, XXX	Report your financial statement cost for other improvement assets.
3.7	Other Improvements – Accumulated Depreciation	(XX,XXX)	Report financial statement accumulated depreciation expense for other improvements as of the end of the year.
3.300	Other Improvements – Book Value	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
3.8	Equipment – Cost	(XX,XXX) OR XX, XXX	Report your financial statement cost for equipment assets.
3.9	Equipment – Accumulated Depreciation	(XX,XXX)	Report financial statement accumulated depreciation expense for equipment as of the end of the year.
3.400	Equipment – Book Value	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

Line #	Line Description	Usage	Instructions
3.10	Motor Vehicles – Cost	(XX,XXX) OR XX, XXX	Report your financial statement cost for motor vehicle assets.
3.11	Motor Vehicles – Accumulated Depreciation	(XX,XXX)	Report financial statement accumulated depreciation expense for motor vehicle as of the end of the year.
3.500	Motor Vehicles – Book Value	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
3.12	Software/Limited Life Assets - Cost	(XX,XXX) OR XX, XXX	Report your financial statement cost for software and limited life assets.
3.13	Software/Limited Life Assets – Accumulated Depreciation	(XX,XXX)	Report financial statement accumulated depreciation expense for software and limited life assets as of the end of the year.
3.600	Software/Limited Life Assets – Book Value	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
300	TOTAL NON-CURRENT (FIXED) ASSETS	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

#### Schedule 4 - [Table 4: Deferred Charges and Other Non-Current Assets](#)

Line #	Line Description	Usage	Instructions
4.1	Long Term Investments	(XX,XXX) OR XX, XXX	Report ending balances of all long-term investments.
4.2	Non-Current Assets Whose Use is Limited	(XX,XXX) OR XX, XXX	Report long-term assets whose use is limited.
4.3	Other Deferred Charges and Other Non-Current Assets	(XX,XXX) OR XX, XXX	Use the dynamic table 5 to report details of all Other Non-Current Assets.
4.4	Construction in Progress	(XX,XXX) OR XX, XXX	Construction in progress or work in progress should be reported in this account. Such construction or work in progress should never be reported and claimed as an allowable asset on the Detail of Claimed Fixed Costs schedule 3. Only when the asset has been converted to full use for the care of patients should it be entered there.
4.5	Mortgage Acquisition Cost	(XX,XXX) OR XX, XXX	Report the balances that relate to the annual amortization reported as additional interest expense on Schedule 5, Summary of Long-Term Debt.
4.6	Accumulated Amortization of Mortgage Acquisition Cost	(XX,XXX)	Report the accumulated amortization related to mortgage acquisition costs.
4.100	Subtotal: Unamortized Mortgage Acquisition Cost	(XX,XXX) OR XX,XXX	No Entry; Calculated Total
400	TOTAL DEFERRED CHARGES AND OTHER NON-CURRENT ASSETS	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

#### Schedule 4 - [Table 5: Deferred Charges and Other Non-Current Assets](#)

500	SUBTOTAL: OTHER NON-CURRENT ASSETS	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
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#### Schedule 4 - [Table 6: Total Assets](#)

Line #	Line Description	Usage	Instruction
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600	TOTAL ASSETS	(XX,XXX) OR XX,XXX	No Entry; Calculated Total
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#### Schedule 4 - Table 7: Current Liabilities

Line #	Line Description	Usage	Instructions
7.1	Trade Payables	(XX,XXX) OR XX,XXX	Report ending balance of trade payables.
7.2	Accrued Expenses	(XX,XXX) OR XX,XXX	Report ending balance of accrued expenses.
7.100	Subtotal: Accounts Payable	(XX,XXX) OR XX XXX	No Entry; Calculated Total
7.3	Officer, Owner, Related Parties	(XX,XXX) OR XX,XXX	Report the portion of loans to the realty company by the Owner, Officer, or Related Parties due within a year.
7.4	Subsidiaries and Affiliates	(XX,XXX) OR XX,XXX	Report the portion of loans to the realty company by subsidiaries and affiliates due within a year.
7.5	Banks	(XX,XXX) OR XX, XXX	Report Line of credit due within a year.
7.6	Motor Vehicles	(XX,XXX) OR XX, XXX	Report the current portion of motor vehicle loans due within one year.
7.7	Other Short-Term Financing	(XX,XXX) OR XX, XXX	Report other short-term loans and financing from any source not individually listed that is due within one year.
7.8	Long-Term Debt, Current Portion	(XX,XXX) OR XX, XXX	Most providers have long-term debt and accordingly, report values in Mortgages, and Other Long-Term Debt. Any provider who reports a mortgage or other Long-Term Debt must also enter the amount, which is due within one year under Current Liabilities. If no portion of the long-term debt is due within one year, an explanation should be provided in the Footnotes and Explanations section.
7.200	Subtotal: Total Current Portion of Long-Term Debt	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
7.9	Total Other Current Liabilities	(XX,XXX) OR XX, XXX	Report all other current liabilities not cited in other lines using the Dynamic Table 8: Detail of Other Current Liabilities.
7.10	Accrued Taxes – Realty and Management	(XX,XXX) OR XX, XXX	Report accrued taxes that have been incurred, but not yet paid.
700	Total Current Liabilities	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

#### Schedule 4 - Table 8: Detail of Other Current Liabilities

Line #	Line Description	Usage	Instruction
800	SUBTOTAL: OTHER CURRENT LIABILITIES	(XX,XXX) OR XX,XXX	No Entry; Calculated Total

#### Schedule 4 - Table 9: Non-Current Liabilities

Line #	Line Description	Usage	Instructions
9.1	Mortgages	(XX,XXX) OR XX, XXX	Report ending balance of mortgages.

9.2	Other Long-Term Debt	(XX,XXX) OR XX, XXX	Report ending balances of all other long-term debt.
9.100	Subtotal: Mortgages and Other Long-Term Debt	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
9.3	Due to Affiliates/Related Parties	(XX,XXX) OR XX, XXX	Report ending balances of all other long-term liabilities due to affiliates and related parties.
900	TOTAL NON-CURRENT LIABILITIES	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

#### Schedule 4 - [Table 10: Total Liabilities](#)

Line #	Line Description	Usage	Instruction
1000	TOTAL LIABILITIES	(X,XXX) OR XX, XXX	No Entry; Calculated Total

#### Schedule 4 - [Table 11: Net Worth](#)

- Table 11 will be populated based upon the applicable legal status of the reporting entity shown in Schedule 1. There are 3 types of Net Worth Tables: Not-for-Profit, Proprietorship, Partnership or Limited Liability Company (LLC), or Corporation.

##### [Not-for-Profit Net Worth Option](#)

Line #	Line Description	Usage	Instruction
11.1	Net Assets Without Donor Restrictions	(XX,XXX) OR XX, XXX	Report the amount of net assets that is not donor restricted.
11.2	Net Assets with Donor Restrictions	(XX,XXX) OR XX, XXX	Report the amount of net assets that is donor restricted.
11.100	Total Not-for-Profit Net Assets	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
1100	TOTAL NET WORTH	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

##### [Proprietorship, Partnership or Limited Liability Company \(LLC\) Net Worth Option](#)

Line #	Line Description	Usage	Instructions
11.3	Capital	(XX,XXX) OR XX, XXX	Report capital as of the end of the year.
11.4	Proprietor Drawings	(XX,XXX)	For sole proprietorships, report annual draws. This amount is also carried over to Schedule 6 Reconciliation of Owner's Equity.
11.5	Partnership/Member (LLC) Drawings	(XX,XXX)	For partnerships, report annual draws. This amount is also carried over to Schedule 6 Reconciliation of Owner's Equity.

<b>11.6</b>	Contributions	(XX,XXX) OR XX, XXX	Report contributions during the year. This amount is also carried over to Schedule 6 Reconciliation of Owner's Equity.
<b>11.7</b>	Net Profit/(Loss) Year to Date	(XX,XXX) OR XX, XXX	Report profit/loss as of the end of the year.
<b>11.200</b>	Total Proprietorship, Partnership, or LLC Net Assets	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
<b>1100</b>	TOTAL NET WORTH	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

### Corporation Net Worth Option

<b>Line #</b>	<b>Line Description</b>	<b>Usage</b>	<b>Instructions</b>
<b>11.8</b>	Capital Stock	(XX,XXX) OR XX, XXX	Report capital stock as of the end of the year.
<b>11.9</b>	Additional Paid in Capital	(XX,XXX) OR XX, XXX	Report additional paid in capital during the year.
<b>11.10</b>	Treasury Stock	(XX,XXX) OR XX, XXX	Report capital stock repurchased during the year.
<b>11.11</b>	Retained Earnings	(XX,XXX) OR XX, XXX	Report the cumulative corporate earnings.
<b>11.300</b>	Total Corporation Net Worth	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
<b>1100</b>	TOTAL NET WORTH	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

### Schedule 4 - Table 12: Total Liabilities and Net Worth

<b>Line #</b>	<b>Line Description</b>	<b>Usage</b>	<b>Instruction</b>
<b>1200</b>	TOTAL LIABILITIES AND NET WORTH	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

### Schedule 5: Summary of Long-Term Debt

- This schedule should include all mortgages and notes payable whether interest expense has been incurred. Rates of interest should be clearly indicated.
- For Variable rate mortgages use "VAR" or "P + #" if appropriate.
- Period expenses such as mortgage insurance should be reported as a period expense and a detailed disclosure should be made in the Footnotes and Explanation section.
- All existing debt should reconcile to the Balance Sheet and Income Statement accounts. Consistent balances should be carried forward from the previous year's cost report.
- New financing or refinancing should be completely disclosed. Details of items such as Mortgage Acquisition Costs, Bond Discounts, Bond Premiums, Bond Service Fees, Interest earned on Escrow Funds and Negative Principal Payments, as well as any other significant information with regards to this Long-Term Debt should be disclosed in the Footnotes and Explanations section. Long-Term

Debt Bonds should be reported at Face or Stated Value of the Bonds at the time of issue and Bond Discounts, or Premiums reported as a Mortgage Acquisition Cost. Total disclosure of all facts regarding such financing should be made in the Footnotes and Explanations section.

Line #	Column #	Description	Usage	Instructions
1.1+	1	Borrower Entity	Text	Enter the borrower entity name.
1.1+	2	Type of Notes Payable	Text	Select type of long-term debt from the dropdown list: 1 <sup>st</sup> Mortgage, 2 <sup>nd</sup> Mortgage, 3 <sup>rd</sup> Mortgage, 4 <sup>th</sup> Mortgage, Motor Vehicle, Capital Lease, Other.
1.1+	3	Lender Name	Text	Enter Lender Name.
1.1+	4	Related Party	Text	Select Yes/No for whether the loan is a related party loan.
1.1+	5	Date Mortgage Acquired	MM-DD-YYYY	Enter the date the mortgage was acquired.
1.1+	6	Due Date	MM-DD-YYYY	Enter the due date.
1.1+	7	Number of Months Amortized	XX, XXX	Enter number of months of amortization.
1.1+	8	Monthly Payments	XXX,XXX,XXX	Enter monthly payment amount.
1.1+	9	Original Loan Amount	XXX,XXX,XXX	Enter original loan amount.
1.1+	10	Mortgage Acquisition Costs	XXX,XXX,XXX	Enter total mortgage acquisition amount.
1.1+	11	Amortization of Mortgage Acquisition Costs	XXX,XXX,XXX	Enter current year amortization expense for mortgage acquisition costs.
1.1+	12	Beginning Loan Balance: Jan 1	XXX,XXX,XXX	For existing loans, enter beginning of the year loan balance.
1.1+	13	Beginning Balance (New Loans)	XXX,XXX,XXX	For new loans, enter new loan balance.
1.1+	14	Principal Payments	XXX,XXX,XXX	Enter principal payments.
1.1+	15	Pay Off Amount	XXX,XXX,XXX	If loan is paid off, enter pay off amount.
1.1+	16	Pay Off Date	MM-DD-YYYY	Enter pay-off date.
1.1+	17	Ending Loan Balance: Dec 31	XX,XXX	Enter ending loan balance.
1.1+	18	Interest Rate %	XX.XXXX%	Enter interest rate. Interest on non-related party loans that support the underlying fixed assets is limited to 3% over the federal hospital insurance trust fund rate. In 2021, that rate was 1.50%. Any interest expense over 4.50% is not an allowable expense and must be reported as disallowed expenses in the Income Statement.
1.1+	19	Interest Expense	XX,XXX	Report Interest Expense on each loan.
1.1+	20	Period Expenses	XX,XXX	Report period expenses on each loan. Period expenses are mortgage insurance costs and other similar nominal fees.

Line #	Column #	Description	Usage	Instructions
1.1+	21	Total Interest & Mortgage Acquisition Costs	XX,XXX	No Entry; Calculated Total
100	10	Mortgage Acquisition Costs	XXX,XXX,XXX	No Entry; Calculated Total
100	11	Amortization of Mortgage Acquisition Costs	XXX,XXX,XXX	No Entry; Calculated Total
100	17	Ending Loan Balance: Dec 31	XXX,XXX,XXX	No Entry; Calculated Total
100	19	Interest Expense	XX,XXX	No Entry; Calculated Total
100	20	Period Expenses	XX,XXX	No Entry; Calculated Total
100	21	Total Interest, Period Expenses, & Mortgage Acquisition Costs.	XX,XXX	No Entry; Calculated Total
200	19	Amount Reported for Long-term Interest and Amortization of Mortgage Acquisition Costs (Schedule 2 Line 2.5. Column 2 and Schedule 2 Line 2.6. Column 2)	XX,XXX	No Entry. This figure represents the interest and amortization of mortgage acquisition costs reported on the Income Statement in Schedule 2. The amounts reported on Schedule 5 must match the amounts reported on Schedule 2.

## Schedule 6: Reconciliations and Disclosures

### *PART 1: RECONCILIATION OF INCOME AND EXPENSES PER FINANCIAL STATEMENTS TO COST REPORT*

#### Schedule 6 - Table 1: Income/Loss per REA-CR

Line #	Line Description	Usage	Instructions
1.1	Total Income (reported on REA-CR Schedule 2)	(XX,XXX) OR XX, XXX	No Entry: number derived from Schedule 2
1.2	Total Operating Expenses (reported on REA-CR Schedule 2)	(XX,XXX) OR XX, XXX	No Entry: number derived from Schedule 2
100	REA-CR Net Income/(Loss) before reconciling items.	(XX,XXX) OR XX, XXX	No Entry; Calculation Total

#### Schedule 6 - Table 2: Reconciling Items: Reported on REA-CR not on Financial Statements

Line #	Column #	Line Description	Usage	Instructions
2.1+	1	Description	Text	Enter a description of any reconciling item reported on the REA-CR but not on books. This field is to report timing differences on recognition of revenue and accrual of expenses between the cost report and the provider's financial statements.
2.1+	2	Reported [Amount]	(XX,XXX) OR XX, XXX	Enter the value of any reconciling item report on the REA-CR but not on the books.
200	NA	Subtotal	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

### **Schedule 6 - Table 3: Reconciling Items: Reported on Financial Statements not on REA-CR**

Line #	Column #	Line Description	Usage	Instructions
3.1+	1	Description	Text	Enter a description of any reconciling item reported on the providers books and records but not on the REA-CR. This field is to report timing differences on recognition of revenue and accrual of expenses between the cost report and the provider's financial statements.
3.1+	2	Reported [Amount]	(XX,XXX) OR XX, XXX	Enter the value of any reconciling item report on the books but not on the REA-CR>
300	NA	Subtotal	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

### **Schedule 6 - Table 4: Net Income/Loss per Financial Statements**

Line #	Line Description	Usage	Instructions
400	Net Income/Loss per Financial Statements	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

### ***PART 2: RECONCILIATION OF NET WORTH***

This cost report will populate the appropriate reconciliation of net worth table based on the Legal Status field in Schedule 1. There are three options:

- Table 5 - Proprietorship, Partnership, Limited Liability Company (LLC)
- Table 6 - Corporation
- Table 8 - Non-Profit

Table 7 is a dynamic table for users to enter details of all prior period adjustments.

### **Schedule 6 - Table 5: Reconciliation of Net Worth – Proprietorship, Partnership, Limited Liability Company (LLC)**

Line #	Line Description	Usage	Instructions
5.1	Balance: PRIOR YEAR	(XX,XXX) OR XX, XXX	Enter prior year owner's equity balance here.
5.2	Other: Prior Period Adjustment(s)	(XX,XXX) OR XX, XXX	Use the Dynamic Table 7: Prior Period Adjustments to enter descriptions and values for any prior period adjustments.
5.3	Capital Contributions during the year	(XX,XXX) OR XX, XXX	All owner and partnership contribution are to be reported on the Balance Sheet on Schedule 4 Table 11, Line 11.6.
5.4	REA-CR Net Income/(Loss)	(XX,XXX) OR XX, XXX	No User Entry. This amount is the same amount reported on Table 1 Line 100 of this same schedule.
5.5	Proprietor Drawings during the year	(XX,XXX) OR XX, XXX	No User Entry. All proprietor drawings are to be reported on the Balance Sheet, Schedule 4 Table 11, Line 11.4.
5.6	Partnership/Member(LLC) Drawings during the year	(XX,XXX) OR XX, XXX	No User Entry. All partner drawings are to be reported on the Balance Sheet, Schedule 4 Table 11, Line 11.5.
500	BALANCE: CURRENT YEAR	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total

#### **Schedule 6 - Table 6: Reconciliation of Net Worth - Corporation**

Line #	Column #	Description	Usage	Instructions
6.1	1	Balance Prior Year: Capital	(XX,XXX) OR XX, XXX	Enter prior year capital ending balance.
6.1	2	Balance Prior Year: Additional Paid-In	(XX,XXX) OR XX, XXX	Enter prior year additional paid-in capital ending balance.
6.1	3	Balance Prior Year: Treasury Stock	(XX,XXX) OR XX, XXX	Enter prior year treasury stock ending balance.
6.1	4	Balance Prior Year: Retained Earnings	(XX,XXX) OR XX, XXX	Enter prior year retained earnings ending balance.
6.1	5	Balance Prior Year: Total	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total
6.2	4	Prior Period Adjustments: Retained Earnings	(XX,XXX) OR XX, XXX	Enter the details for any prior period adjustments in the Dynamic Table 7: Prior Period Adjustments.
6.2	5	Total	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total
6.3	1	Sale of Stock: Capital	(XX,XXX) OR XX, XXX	Enter the proceeds from any current year sale of stock.
6.3	5	Total	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total
6.4	2	Additional Paid-In	(XX,XXX) OR XX, XXX	Enter amount of any additional paid in capital for the current year.
6.4	5	Total	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total

Line #	Column #	Description	Usage	Instructions
6.5	4	Retained Earnings	(XX,XXX) OR XX, XXX	No User Entry. Current year net income/loss is populated from this schedule in table 1, Line 100.
6.5	5	Total	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total
6.6	4	Retained Earnings	(XX,XXX) OR XX, XXX	User Entry. Amount of current year dividends paid will be automatically will display as a negative value.
6.6	5	Total	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total
6.7	3	Treasury Stock	(XX,XXX) OR XX, XXX	Enter amount of outstanding capital stock repurchased during the year.
6.7	5	Total	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total
600	1	Capital	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total
600	2	Additional Paid-In	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total
600	3	Treasury Stock	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total
600	4	Retained Earnings	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total
600	5	Total	(XX,XXX) OR XX, XXX	No User Entry; Calculation Total

#### **Schedule 6 - Table 8 – Reconciliation of Net Worth - Non-Profit**

Line #	Column #	Description	Usage	Instructions
8.1	1	Balance Prior Year: Net Assets Without Donor Restrictions	(XX,XXX) OR XX, XXX	Enter prior year ending balance of net assets without donor restrictions.
8.1	2	Balance Prior Year: Net Assets with Donor Restrictions	(XX,XXX) OR XX, XXX	Enter prior year ending balance of net assets with donor restrictions.
8.1	3	Balance Prior Year: Total Net Assets	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
8.2	1	Prior Period Adjustments: Assets Without Donor Restrictions	(XX,XXX) OR XX, XXX	User Entry from Dynamic Table 7: Prior Period Adjustments
8.2	2	Prior Period Adjustments: Net Assets with Donor Restrictions	(XX,XXX) OR XX, XXX	Enter any prior period adjustment to net assets with donor restrictions.
8.2	3	Prior Period Adjustments: Total Net Assets	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

<b>Line #</b>	<b>Column #</b>	<b>Description</b>	<b>Usage</b>	<b>Instructions</b>
<b>8.3</b>	2	REA-CR Net Income/Loss: Net Assets Without Donor Restrictions	(XX,XXX) OR XX, XXX	Net income/loss is populated from table 1 of this same schedule.
<b>8.3</b>	3	REA-CR Net Income/Loss: Total Net Assets	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
<b>8.4</b>	1	Gain/Loss Realized on Investments: Net Assets Without Donor Restrictions	(XX,XXX) OR XX, XXX	Report any realized gain/loss on net assets without donor restrictions.
<b>8.4</b>	2	Gain/Loss Realized on Investments: Net Assets with Donor Restrictions	(XX,XXX) OR XX, XXX	Report any realized gain/loss on net assets with donor restrictions.
<b>8.4</b>	3	Gain/Loss Realized on Investments: Total Net Assets	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
<b>8.5</b>	1	Contributions, Gifts, and Other: Net Assets Without Donor Restrictions	(XX,XXX) OR XX, XXX	Report any current year contributions, gifts or other increases/decreases in net assets without donor restrictions.
<b>8.5</b>	2	Contributions, Gifts, and Other: Net Assets with Donor Restrictions	(XX,XXX) OR XX, XXX	Report any current year contributions, gifts or other increases/decreases in net assets with donor restrictions.
<b>8.5</b>	3	Contributions, Gifts, and Other: Total Net Assets	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
<b>8.6</b>	1	Change in Unrealized Gains/Losses: Net Assets Without Donor Restrictions	(XX,XXX) OR XX, XXX	Report any unrealized gain/loss on net assets without donor restrictions.
<b>8.6</b>	2	Change in Unrealized Gains/Losses: Net Assets with Donor Restrictions	(XX,XXX) OR XX, XXX	Report any unrealized gain/loss on net assets with donor restrictions.
<b>8.6</b>	3	Change in Unrealized Gains/Losses: Total Net Assets	(XX,XXX) OR XX, XXX	No Entry; Calculated Total
<b>8.7</b>	1	Net Asset Released from Restriction: Net Assets Without Donor Restrictions	(XX,XXX) OR XX, XXX	Report the increase in net assets without donor restrictions for amounts released from net assets with donor restrictions.
<b>8.7</b>	2	Net Asset Released from Restriction: Net Assets with Donor Restrictions	(XX,XXX) OR XX, XXX	Report the decrease in net assets with donor restrictions for amounts released to net asset without donor restrictions.
<b>8.7</b>	3	Net Asset Released from Restriction: Total Net Assets	(XX,XXX) OR XX, XXX	No Entry; Calculated Total

Line #	Column #	Description	Usage	Instructions
8.8	1	Other: Net Assets Without Donor Restrictions	(XX,XXX) OR XX,XXX	Report any other increases/decreases in net assets without donor restrictions.
8.8	2	Other: Net Assets with Donor Restrictions	(XX,XXX) OR XX,XXX	Report any current year other increases/decreases in net assets with donor restrictions.
8.8	3	Other: Total Net Assets	(XX,XXX) OR XX,XXX	No Entry; Calculated Total
800	1	Balance Current Year: Net Assets Without Donor Restrictions	(XX,XXX) OR XX,XXX	No Entry; Calculated Total
800	2	Balance Current Year: Net Assets with Donor Restrictions	(XX,XXX) OR XX,XXX	No Entry; Calculated Total
800	3	Balance Current Year: Total Net Assets	(XX,XXX) OR XX,XXX	No Entry; Calculated Total

### ***PART 3: EARNINGS AND COMPENSATION DISCLOSURES***

Tables 9, 10, and 11 are used to report the name(s) of owners, partners, or officers and disclose all salary and benefits, drawings, dividends, and other compensation as well as the accounts that were charged, as follows:

- Table 9 – Report compensation for sole proprietorship
- Table 10 – Report compensation for partnership, limited liability company
- Table 11 – Report compensations for corporation

#### **Schedule 6 - Table 9: Sole Proprietorship**

Line #	Column #	Field Description	Usage	Instructions
9.1+	1	Account Number	Text	Select the account number from the dropdown options that was the primary cost center that the owner charged time.
9.1+	2	Description	Text	Enter description of responsibilities.
9.1+	3	Last Name	Text	Enter last name of owner.
9.1+	4	First Name	Text	Enter first name of owner.
9.1+	5	Title	Text	Enter owner's title.
9.1+	6	% Of Time Devoted	XX.XX%	Enter percent of time devoted to the business.
9.1+	7	Salary & Benefits	XX,XXX	Report total salary and benefits received.
9.1+	8	Draw/Dividends	XX,XXX	Report any draws or dividends received during the year.
9.1+	9	Other Compensation	XX,XXX	Enter any other compensation received.
9.1+	10	Total	XX,XXX	No User Entry; Calculation Total

#### **Schedule 6 - Table 10: Partnership, Limited Liability Company**

Line #	Column #	Column Name	Usage	Instructions
10.1+	1	Account Number	Text	Select the account number from the dropdown options that was the primary cost center that the partner charged time.
10.1+	2	Description	Text	Enter description of responsibilities.
10.1+	3	Last Name	Text	Enter last name of partner.
10.1+	4	First Name	Text	Enter the first name of the partner.
10.1+	5	Title	Text	Enter partner's title.
10.1+	6	% Of Time Devoted	XX.XX%	Enter % of time devoted to the business.
10.1+	7	Salary & Benefits	XX,XXX	Report total salary and benefits received.
10.1+	8	Draw/Dividends	XX,XXX	Report any draws or dividends received during the year.
10.1+	9	Other Compensation	XX,XXX	Enter any other compensation received.
10.1+	10	Total	XX,XXX	No User Entry; Calculation Total

### Schedule 6 - [Table 11: Corporations](#)

Line #	Column #	Column Name	Usage	Instructions
11.1+	1	Account Number	Text	Select the account number from the dropdown options that was the primary cost center that the officer charged time.
11.1+	2	Description	Text	Enter description of responsibilities.
11.1+	3	Last Name	Text	Enter officer's last name.
11.1+	4	First Name	Text	Enter officer's first name.
11.1+	5	Title	Text	Enter officer's title.
11.1+	6	% Of Time Devoted	XX.XX%	Enter % of time devoted to the business.
11.1+	7	Salary & Benefits	XX,XXX	Report total salary and benefits received.
11.1+	8	Draw/Dividends	XX,XXX	Report any draws or dividends received during the year.
11.1+	9	Other Compensation	XX,XXX	Enter any other compensation received.
11.1+	10	Total	XX,XXX	No User Entry; Calculation Total

## Schedule 7: Footnotes and Other Disclosures

### Schedule 7.1: [Entity Level Cost Report Information](#)

#### Upload Type: Excel Template

Download the available template, complete, and upload.

NOTE: This template should be completed if any of the following conditions apply: (1) the realty trust/company owns more than one property and receives rent from a nursing facility and/or residential care facility, or (2) the realty trust/company claims nursing facility and/or residential care facility fixed cost expenses or allowances.

**Example:** If a realty company/trust owns a nursing facility in Athol, a parking garage in Orange and apartments in Greenfield, one realty company cost report must be filed which includes uploaded cost report information using this schedule for the following: (a) cost report information of the realty company relating to other non-nursing facilities, which in this example

is the apartments in Greenfield and the parking garage in Orange; and (b) cost report information of the entire realty company, which in this example is the realty trust.

### Schedule 7.2: [Footnotes and Explanations](#)

**Upload Type:** Excel, Word, or PDF

This schedule is used to provide detail to any of the information requested to be provided when completing in this cost report.

Note: You must upload additional information if you reported any of the following:

- If you selected “Other” from the dropdown box on Schedule 1 Line 3.14 (“Type of Accounting Service Performed”), and
- Any other relevant information to support amounts reported in the cost report.

Additionally, realty trusts/companies may want to upload a copy of the real-estate assets owned, as follows:



### Schedule 7.3: [Related Party Debt](#)

**Upload Type:** Excel Template

Download and complete the template, and then upload the completed template.

In the excel template, you will be asked to provide a detailed listing of all loans to related parties reported on Schedule 4 in Account 2330.0, “Due to Affiliates/Related Parties” or if you selected the “yes” option from the dropdown menu in Schedule 5, column 4, labeled “Related Party”.

### Schedule 7.4: [Ownership and Facility Information](#)

**Upload Type:** Excel Template

Download and complete the template, and then upload the template.

In the excel template tabs labeled **Direct Owners** and **Indirect Owners**, list all realty company owner(s), address, , the owner(s) ownership share (%), and whether or not the owner(s) own the nursing facility reported in the REA-CR. In the excel template tab labeled **Facility Information**, list the name(s) of any Massachusetts and non-Massachusetts nursing or residential care facilities owned, directly or indirectly, with an interest of 5% or more, by the realty company owners listed in the tabs labeled "Direct Owners" and "Indirect Owners". Note: If Schedule 2 Line 2.39 (Account 9382.3, "Expenses: property Rent") has reported amounts, this file must be completed and updated.

#### **Schedule 7.5: Related Party Markup**

**Upload Type:** Excel Template

Download and complete the template, and then upload template.

In this excel template, you must list any entity or person who meets the definition of "related party", as defined in Regulation 101 CMR 206.00, that (a) provides services, facilities, goods and/or supplies to this company; or (b) receives any salary, fee, or other compensation from this company. Provide the amount paid by this company for this reporting year.

#### **Schedule 7.6: Financial Statement Documentation**

To satisfy the financial statement requirement in 957 CMR 7.03(1)(d), each Nursing Facility must file or cause to be filed a complete copy of the Financial Statements for each Realty entity for which it files (or causes to be filed) a Cost Report for the fiscal period that most closely corresponds to the applicable Cost Report's reporting period. If the Realty Company obtains independent Audited Financial Statements, a complete copy of its Audited Financial statements must be filed with CHIA. If the Realty Company does not obtain Audited Financial statements, a complete copy of its unaudited Financial Statements must be filed with CHIA.

Select one option from the menu, and send applicable statements for A, B, or C to [data@chiamass.gov](mailto:data@chiamass.gov).

In descending order of preference:

- a) Financial Statement: Audited financial statements prepared by a Certified Public Accountant (CPA) for the reporting period.
- b) Unaudited Financial Statement: Externally prepared, reviewed, or compiled financial statements for the reporting period.
- c) Internally Prepared Financial Statements: Internally Prepared Financial Statements (e.g., documentation of reported costs) for the reporting period.

When sending financial statements to [data@chiamass.gov](mailto:data@chiamass.gov), the facility name, indication that this is for the REA-CR, cost reporting year, and option selected above must be included in the email title to be accepted. An acceptable email title would be:

- "Facility Name\_REA-CR\_20XX\_A) Audited Financial Statements" or

- “Facility Name\_REA-CR\_20XX\_B) Unaudited Financial Statements” or
- “Facility Name\_REA-CR\_20XX\_C) Internally Prepared Financial Statements.”

Please also name the financial statement attachment using the same naming convention as the email title.

## **Schedule 8: Submission Attestation**

There are two sections that require attestation in Schedule 8: the preparer and the owner. Prior to completing this section, you must resolve all validation errors. Please save and validate all schedules sequentially starting from Schedule 1 prior to submission. The validation process can be accessed using the “Save and Validate” button located at the top of your screen.

### **Section A – Certification by Preparer (Other than Owner, Partner, or Officer)**

- This section must be completed and signed off by the preparer, someone other than the owner, partner, or officer. The preparer needs to perform all steps identified below before the “Locked for Owner Review” button is enabled for clicking. This button will be disabled (grayed out) unless all lines in Section A are completed.

Line 1.1 through Line 1.11 – Pre-populated user information

- The pre-populated information is linked to Schedule 1 Table 3 Preparer information. If the information is not correct, you can fix it in Schedule 1.

Line 1.12 – Is this information correct?

- Select “Yes” or “No.” This must be answered “Yes” to submit the report.

Line 1.13 – Certification/attestation checkbox

- Click here to certify that you are the preparer of the report and that to the best of your knowledge the information you reported in this cost report is true, accurate, and complete.

Line 1.14 – Date of Authorization

- This cell will automatically pre-populate with the date when the checkbox on Line 1.13 is selected.

### **Section B – Certification by Owner, Partner or Officer**

- NOTE: This section must be completed by the owner, officer, or partner. This person must be an authorized legal signatory for the entity. Section A must be completed prior to this section. The owner, partner, or officer needs to perform all steps identified below before the “Submit” button is enabled for clicking. This button will be disabled (grayed out) unless all lines in Section B are completed.

Line 2.1 – Certification/attestation checkbox

- Click here to certify that you are the authorizing person of the report and agree with the accuracy of reported costs and use of public funds statements.

Line 2.2 through Line 2.6 – Pre-populated user information

- The pre-populated information is linked to Schedule 1 Table 2 Certifier information. If the information is not correct, you can fix it in Schedule 1.

Line 2.7 – Is this information correct?

- Select “Yes” or “No.” This must be answered “Yes” to submit the report.